

Utah Department of Health: Bureau of Licensing
THE PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)
Instruction Guide for Health Care Providers

The POLST (Physician Orders for Life-Sustaining Treatment) form is a physician order that directs medical providers to follow the patient's end-of-life wishes for resuscitation, antibiotics, artificially administered fluids and nutrition. The blue double-sided POLST form has been designed to make it easier for health care providers to honor patients' wishes for their final days, hours and minutes of life.

Utah Administrative Code R432-31, Transferable Physician Order for Life-Sustaining Treatment, requires health care facilities and home health agencies to make a good faith effort at the time the patient is admitted, to determine if the patient's physician or nurse practitioner has completed a POLST form for the patient.

- The facility keeps the blue POLST form in the front of the patient's medical chart.
- The original form is always sent with the patient, if the patient is transferred or discharged.

Physician Orders

If the patient needs treatment, the health care provider immediately initiates the physician's orders on the POLST form. If any section of the POLST form is left blank or if a physician/nurse practitioner does not sign the POLST form, the receiving health care provider must initiate full treatment, until clarification is obtained from the patient's physician/nurse practitioner or designee.

Section A – Resuscitation

This section only applies if the patient has no pulse and is not breathing. If the patient wants CPR, then **“Resuscitation”** is indicated. The patient receives full resuscitation and 9-1-1 is called. If **“DNR”** is indicated, resuscitation is not attempted or continued. Comfort measures are always provided.

Section B – Medical Interventions

This section applies to medical care provided when the patient has a pulse and/or is breathing.

- **Comfort Measures Only** is for a patient who does not want EMS response, unless needed for comfort measures. Oxygen and manual treatment of an airway obstruction may be used for comfort. The patient would not be transported to a hospital unless comfort measures are needed (ex. severe pain).
- **Limited Additional Interventions** allows EMS to consider cardiac monitoring and oral or IV medications. Endotracheal intubation is not provided. Transfer to a hospital may occur, but would not include the intensive care unit (ICU).
- **Full Treatment** indicates that all treatments that are needed to maintain and extend life will be provided. These treatments include endotracheal intubation and electrical cardioversion. Other instructions may be written.

Section C – Antibiotics

This section applies to antibiotic treatment. The patient's physician or nurse practitioner notes the patient's preferences about whether or not to receive antibiotics. Other instructions may be written

Section D – Artificially Administered Fluids and Nutrition

This section applies to a patient who is unable to take fluids by mouth. The patient's physician or nurse practitioner notes the patient's preferences regarding a feeding tube and/or IV fluids, and if a trial period or long-term use is preferred. Other instructions may be written.

Section E – Basis for Physician Orders

The physician or nurse practitioner notes with whom the preferences were discussed, and writes a short statement about the patient's medical condition. For example, "The patient has terminal cancer complicated by end-stage renal failure."

For minors who are unable to consent for themselves, either a custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care.

Section F – Patient Preferences as a Guide for this POLST Form.

Attach copies of advance directives or guardianship documents to the POLST form.

- The patient or his/her designated representative may sign this section indicating agreement with the orders, but this signature is optional. Some people may not be able to sign the form.
- If someone other than the patient's physician or nurse practitioner prepares the POLST form, the preparer must record his or her signature, name, and the date of preparation.

Section G – Review of Physician Orders for Life-Sustaining Treatment

This section documents the review of the POLST form if the patient's preferences or medical condition changes.

- The POLST orders are reviewed by the patient's physician or nurse practitioner (or designee) after the patient is transferred from one care setting to another, if there is a substantial permanent change in patient status, periodically, or if the patient's treatment preferences change. There is no need to replace earlier versions of the POLST form with new versions unless the person's wishes or conditions have changed.
- To void the POLST form, the physician/nurse practitioner draws a line through the POLST form and/or writes the word "VOID" and signs and dates the form.

NOTE: Even though only a physician or nurse practitioner may void the form, a patient or his/her proxy may give verbal directions that differ from the form that are binding on the healthcare provider. For example, if the form states "no antibiotics" but the patient states that he/she wants antibiotics to treat an infection, antibiotics should be provided.

Information about the POLST Form

The POLST form has been used successfully in Oregon since 1991. For Internet articles about the Oregon model: www.ohsu.edu/ethics.

For more information about the Utah POLST form, call the Utah Department of Health/Bureau of Licensing toll free at 1-888-287-3704 or access the Bureau of Licensing web site: <http://health.utah.gov/licensing>.